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APPLICANTS

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**** CONTINUING DATA ******* *STX*

This application is a CON of 09/641,466 08/18/2000 PAT 6,664,384
 which claims benefit of 60/149,763 08/19/1999

**** FOREIGN APPLICATIONS ******* *STX*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED
**** 04/14/2004**

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY KY	SHEETS DRAWING 9	TOTAL CLAIMS 19	INDEPENDENT CLAIMS 6
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature <i>Brakke</i>	Initials		

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 21559
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TITLE
 Duplicated cassava vein mosaic virus enhancers and uses thereof

FILING FEE RECEIVED	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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